

1609/1685.

A
T R E A T I S E
ON THE
DIAGNOSIS AND PROGNOSIS
OF
D I S E A S E S.

P A R T I
CONTAINING
AN HISTORY OF INTERNAL PHLEGMONOUS
INFLAMMATION.

By PHILIP PARRY PRICE.

Videndum etiam est, morbus an increseat, an consistat, an minuatur.
Facultas præsentendi ac vere prædicendi de morborum eventu in primis
habenda. CELS.

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THE EAST

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AND

SYNTAX

OF THE

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LANGUAGE

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P R E F A C E.

IN presuming to add to the medical library (perhaps already too voluminous), it is possible I may incur some censure; I will therefore avail myself of an established custom, by premising the motives that influenced me on this occasion.

Aretæus of Cappadocia, Baglivi, Boerhaave, Cælius Aurelianus, Cullen, F. Hoffman, and Sydenham, have severally given us very accurate descriptions of diseases.

They study'd Nature thro', and Nature's laws,
Nor blindly puzzled for the peccant cause.

But since the days of the venerable father of physic *Hippocrates*, who flourished near four hundred years before the Christian æra, I believe no author has written professedly on the prognostics of diseases, except *Prospero Alpini*^a, “*De Præfagienda Vita et Morte ægrotantium. Lib. vii.*” published in 4to at Venice, 1691. These great men were guided by, and firmly adhered to, a fundamental maxim in the healing art, *optime noscens optime curat*, and their works will remain monuments of their sagacity

^a *Johannes Bohnices*, Professor of Anatomy and Surgery at Leipzig, published in the seventeenth century a very ingenious book on the prognostics of wounds, *De Renunciatione Vulnerum*, to which I refer the reader for much useful information; indeed it is a work that every *surgeon* ought to be intimately acquainted with.

to

PREFACE.

v

to succeeding generations; but Hippocrates and Alpini wrote on the disorders of their respective countrymen, whose constitutions, customs, and climates, differ essentially from those of this island.

Actuated by these considerations I began this work, and in each progressive stage my labours were encouraged by two great objects; first, the hope of rescuing a sublime branch of medicine from that obscurity and neglect in which it hath so long and undeservedly remained; and, 2dly, the important advantages that must inevitably accrue from a pre-knowledge of the event of diseases incident to the habits of *our own people*.

With these views I submit to the Public the subsequent pages; the result of such information as I have acquired

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by

by reading, and practical observation. In both instances notes were selected from time to time, with attentive care, and entered in an *adversaria*, which I often found an useful remembrancer in intricate cases.

In a work of this nature, however, a state of perfection is not to be attained, or even expected; since *Morborum in iisdem hominibus aliæ atquæ aliæ proprietates sunt*^b; and those who are conversant in medical inquiries, need not be informed that the subject will not admit of easy, smooth, and fascinating language.

It was once intended to particularize the respective authorities consulted in support of the doctrines laid down in

^b Cels. in præfat. p. 19.

these pages; but frequent interruptions of this kind would be more inconvenient to the reader, than such citations would be advantageous; I have therefore, for the most part, declined those distinctions.

The work will consist of *five parts*; the remaining four are in great forwardness, and shall appear as early as my other avocations will allow, provided this specimen be favourably received.



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INTRODUCTION.

HAVING arranged the remote causes of internal phlegmonous inflammation under distinct heads in the following pages, we conceive some explanation may be expected relative to the proximate cause of such disease.

Boerhaave was of opinion, that the vessels appropriated for the conveyance of the circulating fluids were of different diameters, and that when the larger globules were forced into the capillary tubes, obstruction took place, and that inflammation was the common consequence. But this theory of an *error loci* is now pretty generally exploded; for the circulation of the blood in the extreme vessels is so slow, as readily to admit of a retrograde motion; so that, if by chance a particle of blood should enter a vessel,

vessel, through which it cannot pass, it will be thence returned, and afterwards received by some anastomosing vessel of fit size. Obstructions, we grant, may be an effect, but not a cause, of inflammation.

An ingenious writer^a, a few years ago, laboured to establish a new doctrine. He asserted, “that inflammation in every instance is wholly owing to *an accumulation of animal fire*. His arguments, however, we conceive to be more plausible than conclusive. A preternatural lentor, or visciduity of the blood, is another theory equally unsupported as a proximate cause of inflammation.


Involved as this question was in so much intricacy and doubt, and whilst so many opposite opinions were advanced and contended for by great authorities, we cannot wonder that an indefatigable professor^b should engage to investigate the matter with that diligent attention,

^a Dr. Kirkland's Inquiry into the present State of Medical Surgery, vol. 1. p. 278.

^b Dr. Cullen.

and

and unwearied perseverance, so peculiar to himself. This celebrated teacher assures us, that, where inflammation does not arise from the direct application of stimulant substances to a part, it may be produced by an unequal distribution of the blood, so as to overload certain vessels, to which it must prove a stimulus; and it is probable that, to relieve the congestion, the *vis medicatrix naturæ* increases still more the action of these vessels; which it effects by the formation of a spasm on their extremities, whence arises an increased action in the course of them, occasioning an increased impetus of the blood in the particular part affected; and this we are to consider as the proximate cause of inflammation.





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CHAP. I.

INTERNAL PHLEGMONOUS INFLAMMATION.

DOCTOR CULLEN, in his Synopsis Nosologiæ Methodicæ, uses the term Phlogosis Phlegmone for this genus of disease. He places it in the class Pyrexiaë, and order Phlegmatiaë.



A TREATISE, &c.

C H A P. I.

PHRENITIS,

OR

INFLAMMATION OF THE BRAIN.

IT may be either *idiopathic* or symptomatic. The first we consider as an original disease, and it may arise from an increased action of the vessels in the system, produced by intoxication, indigestible food in the stomach, mental agitation, or external heat: the other ensues upon a morbid translation from some distant part of the head, as at Prognos. XVI. in Peripneumonia. Causes.

A pulsation, with pain in the internal parts of the head, which, if the membrane be affected, is acute, if the substance only, obtuse, and sometimes scarcely perceivable; acute continual fever; the pulse low and tense; the face Diagnosis.
B full

full or inflated, and high-coloured; the eyes red, and tears frequently flowing from them; constant watchfulness; preternatural anxiety; a privation of reason, yet the patient at intervals collected and apparently cheerful, without any sensible cause; the extremities frigid and supine, but not tremulous; the urine copious, yellow, and aqueous, without sediment, and discharged in a dribbling way; dry black tongue, without thirst; a remarkable vibration of the temporal and carotid arteries; and a fullen silence, often succeeded by sudden outrageousness.

Termination.

This, like other inflammations, sometimes terminates in suppuration, especially if the brain itself be the seat of the disease: the violent symptoms in this case abate, but a stupor remains until the brain is nearly destroyed, unless an absorption of the pus takes place.

Distinctions.

In the idiopathic, delirium is manifest and vehement before much fever is observable; whereas, in the symptomatic, the fever precedes the delirium some days, and the degree of violence is in proportion



proportion to the degree of fever: on the contrary, the febrile attack in the idiopathic is never correspondent to the delirious fury, which is equal in most instances to what we meet with in *real mania*.

I.

When “Vehementes phrenitides in tremorem definunt,” it is a very alarming indication. Prognosis.

II.

A burning heat in the præcordia, accompanied with fever, and a sensation of cold in other parts of the body, denotes great danger, particularly if *partial* sweats come on.

III.

A change from a state of calmness to that of inquietude is usually followed by convulsions.

IV.

An involuntary expulsion of excrement, be it either of a pale green, or black colour; opaque urine; coldness of the extremities; inarticulate speech; general debility; difficult respiration; and

constant alternations of rage, joy, and fear; are harbingers of death.

V.

Salivæ abundantis fluxus, frequens oris sputatio, aut crebra salivatio, is of bad import. So likewise is a fanguineous dysentery.

VI.

An aqueous dripping at the nostrils is for the most part fatal, especially if it take place about the fourth day.

VII.

A *profuse* hemorrhage from the nose, hæmorrhoidal vessels, or those of the uterus, is beneficial.

VIII.

Phrenitis seizing the infirm, or such as are advanced in years, is difficult to remove.

IX.

Extension of the hands, catching at imaginary appearances, and plucking the clothes, denote an unfavourable termination; particularly if subsultus tendinum, suppression of urine, and gnashing of the teeth be present, or succeed.

X. A fu-

X.

A supervening diarrhœa, free perspiration, and a plentiful discharge of such urine as deposits a copious sediment, are propitious signs.

C H A P. II.

ANGINA,

OR

INFLAMMATION OF THE TONSILS.

THIS disorder is commonly called a Quinsy; and has been usually divided into the true, or dry, and spurious, or moist, with varieties. The first is excited in plethoric habits, and is of an acute inflammatory nature; the latter we meet with in leucophlegmatic subjects, and is a lymphatic or catarrhal disease.

Doctor Cullen^a, however, hath distinguished five species, and follows *Are-*

^a See first lines, vol. i. p. 232.

tæus in adopting the generic name of *cynanche*.

1. *Cynanche tonsillaris*.
2. *Cynanche maligna*.
3. *Cynanche trachealis*.
4. *Cynanche pharyngæa*.
5. *Cynanche parotidæa*.

Causes. It may arise from exposing the body to damp air, or cold winds; irritation and distention of the parts; as well as the other general causes of internal inflammation.

Diagnosis. The true quinsy (*angina tonsillaris*) begins with stiffness of the neck and throat, without any manifest cause, together with a considerable excretion of saliva: pyrexia; obtuse pain and sensible asperity of the fauces; obstructed deglutition, and difficult respiration; inflammation of the folliculi of the tonsils, *velum pendulum palati*, *uvula*, and the adjacent parts; frequent pulse; an elevated tumour, with pain passing through the *tubæ eustachianæ*; a sense of strangulation; nausea; dry tension of the tongue; and a regurgitation of liquids through the

the nostrils succeed. The symptoms sometimes increase to a very alarming degree; the tumour extending over the neck and face: a flow of viscid humour from the mouth; prominent blood-shot eyes; and distended veins ensue: the blood in this case is intercepted in its return to the heart, by the compressed jugulars; hence vision, hearing, and all the functions of the body suffer; delirium comes on, and the veins of the head and neck become varicose.

In the *spurious or phlegmatic quinsy*, an œdematous pellucid tumour seated in the uvula and circumjacent parts, impeding both deglutition and respiration, is a prevailing characteristic, with fever, rather chronical than acute. It is seldom attended with any considerable pain, except what results from distention of the parts, yet the tongue and fauces are for the most part covered with a thick, viscid, and fetid mucus.

As inflammations of the different parts of the throat may arise independent of each other, so their symptoms, progress,

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As inflammations of the different parts of the throat may arise independent of each other, so their symptoms, progress,

and termination, evidently change, we must therefore consider them as distinct diseases, and arrange them accordingly.

Terminations.

If the patient be not destroyed by suffocation, the tumour generally suppurates.

Distinctions.

The angina tonsillaris should be distinguished from the slighter inflammations we meet with in the fauces of scorbutic habits, that do not affect respiration or swallowing; from spasm; from aphthæ; and from the prunella alba, in which a violent inflammation is partly concealed by a white mucous covering.

I.

Prognosis.

If the inflammation in the tonsils do not subside within the first four or five days, suppuration will be the consequence.

II.

An external swelling, with redness, on one or both sides of the upper part of the trachea, is a favourable indication.

III.

Great pain in the fauces, anxiety, and difficult respiration in an erect posture, without any manifest cause, either in the throat,

throat, or in the neck, usually end in suffocation on the second, third, or fourth day.

IV.

^b Itaque rubore et tumore in præcordiis orto, scire licet fauces liberari; so likewise when erysipelas seizes the adjoining parts, and does not recede, but on the critical days: on the other hand, should the erysipelas retire on any of the non-critical days, and leave the tubercle in the same state as when the erysipelas began, we may infer a translation of the morbid matter to the brain, whence stupor, or delirium; otherwise, it may be deposited on the lungs, there generate peripneumony, and destroy the patient on or before the seventh day.

V.

Inflammation, or tumour, seated in the internal muscles of the larynx, is the most dangerous affection in this disease.

VI.

A symptomatic quinsy is commonly fatal, the patient being too much debili-

^b Cels. de Medicina, lib. iv. cap. 4, p. 197.

tated

tated by the original disease to sustain the force of a fresh attack.

VII.

When the tongue is much swelled, and of a purplish black colour, there is imminent danger; a foaming at the mouth is also a forerunner of death.

VIII.

Great contraction and anxiety of the præcordia, with coldness or shivering of the extremities, are mortal indications; especially if the pulse be hard, irregular, and intermittent.

C H A P. III.

P E R I P N E U M O N I A,

O R

I N F L A M M A T I O N O F T H E L U N G S.

Seat.

THIS disorder is seated in the bronchial and pulmonic arteries, or, according to *Ruysch* and *Fordyce*, it occupies the bronchial artery only; on the other hand, *Morgagni* and some writers of

of high authority assert the existence of inflammation in the *parenchyma* or cellular texture of the lungs, “*‘ pulmo totus afficitur,*” while Doctor Cullen is of opinion that the *membranous parts* of these organs are first affected.

Sudden transitions from heat to cold; cold air received by inspiration; general inflammation; over distention of the lungs; and the like; are the usual causes.

Causæ.

The attack begins with pyrexia; obtuse pain in one side, sometimes in both, extending to the back and scapulæ; laborious and hot respiration; urgent cough; the pulse quick and soft; fulness of the thorax; anxiety about the præcordia, with restlessness and loss of sleep. As these are signs of an incipient inflammation of one of the principal viscera, so it may be proper to trace its progress through the more advanced stages of the diseased viscus; if, therefore, we observe a continuance of these symptoms after the fourth and sometimes even to the

Diagnosis.

‘ Cælius Aurelianus Acut. Morbor. Aretæus de Morb. diuturn. et Cels. de Medicin.

fourteenth

fourteenth day, with wanderings or slight delirium, soft wave-like pulse, increased difficulty of breathing, especially in inspiration (the lungs being denied ample dilatation), dry cough and unceasing pain in the outside of the breast, we may rest assured the inflammation will terminate in vomica. If frequent shiverings without any manifest cause; a remission of pain, yet distressing and oppressive weight in the side; slight continual fever, increasing in the evening; thirst, and a weak soft pulse, accompany the signs already cited, we may reasonably infer an incipient suppuration. But when a *vomica pulmonum* has absolutely formed, all those symptoms are exasperated; the dry cough becomes more troublesome, especially after eating or motion; incapacity to lie down without danger of suffocation, appears evident; turgescence of the face; pink coloured cheeks; loss of appetite; swelled feet; night sweats, particularly about the throat and forehead; frothy urine; and universal debility ensue; the fingers become sharp and the
nails

nails crooked, while the hands are uncomfortably hot. In proportion to the violence of these symptoms we may expect sooner or later a rupture of the vomica; and we know when such an event is at hand by an increased fulness of the breast, and flying pains about the abdomen and clavicles, with a rattling noise in the *aspera arteria*.

Inflammation of the lungs sometimes terminates in a scirrhus tumour of one, or both lobes. These attacks we distinguish from any of the preceding by a continuance of several of the symptoms mentioned heretofore, without the concomitant signs of a latent vomica: again, a vomica daily increases in size till it breaks; whereas a scirrhus enlargement of these organs remains in the same state for a considerable length of time. The following observations were made by Hippocrates on this disease, “ Atque interceptis a callo transitibus, velox et difficilis spiratio corripit, quum hi spiritum neque per hanc viam emittere, neque facile attrahere queant. Ex talibus

Termination.

bus sane hi morbi oriuntur, quales sunt
asthmata et tabes ficcæ^d."

Gangrene, or sphacelus, is another consequence by which inflammation of the lungs hath been long supposed to terminate existence; but anatomical investigations do not confirm this doctrine. That the lungs often assume a morbid colour (without being really gangrenous) we are told by the accurate Morgagni^e; indeed we have observed the same appearance in the lungs of four different subjects, one of whom was lately cut off in the prime of life, and in high health, by the hand of justice.

Dr. Cullen thinks, that the far greater number of those who die of peripneumony are destroyed by an effusion of blood into the cellular substance of the lungs; which intercepting the usual circulation through that viscus, suffocation rapidly succeeds. Perhaps the rupture of an artery in that organ may sometimes produce a similar effect, by the blood

^d Lib. de ossium Natura, cap. viii. chart. tom. iv. p. 6.

^e Epist. iv. p. 13. 26.

rushing into, and being retained in, the cavity of the bronchia.

Pleuritis, catarrh, peripneumonia notha, asthma, and fever, have some symptoms in common with peripneumonia : from them it should be distinguished.

Distinctions.

I.

Blood that is very florid and of a loose texture in the beginning of peripneumony, indicates either a dissolution of the crasis of that fluid, or that the grosser parts remain in the pulmonary arteries, so that none but the thinnest and most aqueous portion are transmitted and pass into the left ventricle of the heart : blood likewise that is extremely tough, yellow, or of a pale lead colour, portends equal danger.

Prognosis.

II.

When urine is parted with immediately after drinking, it indicates danger, and an obstruction in the lungs, occasioned by an accumulation of impervious blood in the pulmonary artery, incapable of being attenuated by diluents and re-conveyed into salutary circulation.

III. If

III.

If the pain continue in the side after the fourth or fifth bleeding, and the globular part of the blood have been so reduced, that the crassamentum is scarce a sixth part of the quantity drawn off, yet solid, firm, and combined, we have reason to apprehend a fatal termination.

IV.

An easy expectoration of whitish yellow concocted matter, sometimes streaked with blood about the third day, greatly relieves respiration, pain, and oppression at the breast, especially if a copious sweat come on, and generally closes the disease in seven days.

V.

To expectorate fresh, florid, or frothy blood, is of very unfavourable import, as it proceeds from a ruptured artery in the lungs.

VI.

When catarrhs or sneezing precede or supervene to peripneumonic diseases, there is great danger.

VII. When

VII.

When the tongue appears very red, dry, smooth, and shining, with livid bladders at the top, the indication is extremely unfavourable.

VIII.

A thin yellow sputum of deep colour, after the sixth day, especially if mixed with pus, is a bad symptom; for it denotes a tendency to dissolution in the whole mass of blood, and its bilious principles are disposed to a general putrefaction.

IX.

Urine that is thick and turbid, depositing a whitish, or even a reddish yellow sediment, is a good and secure sign; but a change from this state to thin urine, *ante quartum diem*, is an ill symptom; so it is indeed at any period of the disease, whilst the degree of fever is considerable.

X.

Alvine discharges of purulent matter are for the most part fatal; so likewise is a profuse diarrhoea: by the first we apprehend a corrosion of some of the adjacent viscera, as the stomach, liver, &c.; and

C

diarrhoea

diarrhœa usually suppresses expectoration without relieving the disease.

XI.

Aphthæ frequently precede death.

XII.

A translation of the morbid matter to the ears, or legs, before the ninth day, is of salutary effect; but if it happen after a discharge of purulent matter has taken place, the event is generally unfavourable; especially if expectoration should cease, the abscess recede, and the fever continue.

XIII.

When fever, dry cough, and other symptoms, as great difficulty of breathing, &c. are exasperated the fifth day, the greater the exasperation is, the stronger assurance we have that death will ensue on the seventh; in such cases the eyes grow dim, and the feet swell.

XIV.

A revulsion of the morbid matter of the *cynanche tonsillaris* to the lungs, sometimes destroys the patient within
 4 seven

seven days ; others again survive it for weeks, and at length die of a vomica.

XV.

An inflammation of the lungs succeeding a pleurisy indicates a fatal termination.

XVI.

The presence of a phrensy in inflammation of the lungs is mortal.

XVII.

If the patient wish to sit up while the disease is in full vigour, we may expect the event to be unfavourable : for respiration requiring an erect posture denotes great oppression of the lungs, and an interrupted circulation through them.

XVIII.

A noise of much phlegm rattling in the trachea, or in the breast, a sad countenance, and a golden tinge upon the eyes, are indications of great danger.

XIX.

If the abdomen be sometimes inflated, and at other times diminished in size,

the patient is generally cured about the tenth day.

XX.

When peripneumony invades asthmatic persons, the termination is commonly inauspicious.

XXI.

If, with coughing, small grain-like concretions be spitten up, and these on pressure emit a very offensive smell, a latent vomica is to be suspected, especially if the other characteristic signs be present.

XXII.

When the patient extends his hands in the air in pursuit of visionary objects, and fumbles with the bed-clothes, there is great danger.

XXIII.

Vomica beginning on the seventh day of the disease, when the sputum is truly bilious or purulent, or a compound of both, generally destroys the patient on the fourteenth day; this prognostic is more explicitly conveyed by an ancient writer

writer of great authority in the following passage: “Sputum etiam biliosum, et purulentum, five separatim ista, five mixta proveniunt, interitus periculum ostendunt, ac si circa septimum diem tale esse cæpit, proximum est, ut is circa quartum decimum diem decedat, nisi alia signa meliora pejorave subsecuta sunt, eò vel feriozem mortem, vel maturiorem denunciant^f.”

XXIV.

If the sputum be sweet tasted, the lungs are in a state of purulence, and the disease may continue even for a year, perhaps, then change its form, and at length destroy the patient.

XXV.

The rupture of a vomica is governed by the benignity or vehemence of the symptoms, and happens either on the twentieth, thirtieth, fortieth, or sixtieth day; calculating the time from the accession of the fever.

^f Cels. de Medicin. cap. vi. lib. 11.

XXVI.

If the fever and thirst disappear the day after the vomica bursts, it is a favourable sign; so likewise is a returning inclination for food, with an *easy* discharge of purulent, white, uniform pus, divested of phlegm; but, on the contrary, such seldom recover whose fever and thirst remain, or increase, after a considerable ejection of any coloured matter: that which is of a pale green, or leaden hue, phlegmatic, or frothy, is of the most unfavourable import.

XXVII.

If, after the rupture of a vomica, the patient be seized with alternate cold and hot paroxysms, we have good reason to fear an absorption of pus; hence profuse sweats, and hectic fever ensue.

XXVIII.

When both lobes of the lungs, together with the heart, are inflamed, *paraplegia* succeeds, and death follows on the second or third day.

XXIX. If

XXIX.

If the pulse be weak, quick, and intermitting, death is not far off.

XXX.

After the signs of concoction appear, a gentle supervening diarrhoea is beneficial.

XXXI.

As this disease is seldom, perhaps never, resolved without some expectoration, so we consider a dry cough in every stage as an ill symptom; and so indeed is a discharge of sputum that does not relieve respiration, &c.

XXXII.

When pain, or a sense of much weight, is felt sometimes in one side, and sometimes in the other, or in both, there is danger.

XXXIII.

A slight dripping of very red blood from the nostrils after the fourth day, or the appearance of florid exanthemata on the breast, is an ominous indication.

C H A P. IV.

P L E U R I T I S,

O R

I N F L A M M A T I O N O F T H E P L E U R A .

SAUVAGES, in his elaborate work, *Nosologia Methodica*, has enumerated twenty distinct species of this disorder; and Doctor Cullen describes a fifth part of that number; but most writers have confined their observations to the following table of varieties.

The true
pleurisy.

An inflammation of that fine, smooth, firm membrane, which we call the pleura; sometimes extending to the lungs; whence ensues the pleuripneumony of the learned *Triller*, or the pleuro-peripneumony of the sagacious Huxham.

The spurious
pleurisy.

An inflammation of the intercostal muscles.

The spasmodic or
rheumatic.

Arising, perhaps, from an acrid effluxion on the muscles of the breast, or periosteum of the ribs.

Inflammation

Inflammation of the pleura may be Causes.
 produced by sudden and great distention
 of that membrane in inspiration; by
 drinking frigid liquids whilst the body is
 over-heated by violent exercise; by ex-
 ternal cold; and by contusion.

The *true pleurisy* is ushered in with all Diagnosis.
 the distressing symptoms of high fever
 and general inflammation, accompanied
 with an acute pain in the side, usually
 above the short ribs, reaching sometimes
 to the throat, and in others to the back
 or shoulders, increasing very much on
 inspiration; frequent cough; a small dis-
 charge of phlegmy, yellowish, or bloody
 sputum; uncommonly hard and full
 pulse; great difficulty of breathing, and
 that too chiefly effected by the action of
 the *septum transversum*, and abdominal
 muscles; watching; nausea; and flush-
 ing of the face attend.

A remission of pain, fever, and heat,
 happening either on the seventh, ninth,
 or eleventh day, succeeded by a sense of
 weight in that part where the pain was
 first felt; an horror; and trembling or
 8 shivering,

shivering, returning at frequent intervals without some evident cause, are certain signs of an incipient formation of pus; especially

“ Si febris non dimittit, eaque interdium levior est, noctu increfcit; multus fudor oritur; cupiditas tuffiendi est, et pene nihil in tuffi excreatur; oculi cavi funt; malæ rubent; venæ sub lingua inalbescunt; in manibus funt adunci ungues; digiti, maximeque summi pallent; in pedibus tumores funt; spiritus difficilior trahitur; cibi fastidium est; pustulæ toto corpore oriuntur^s.”

If the pain, cough, and difficult respiration, come on immediately after the accession of fever, we have good reason to expect a rupture of the abscess on or before the twentieth day, calculating the time from the day on which the fever was first observed; on the other hand the rupture of the abscess is sometimes protracted to the thirtieth, fortieth, and even to the sixtieth day, when the

^s Cels. de Medicina. Lib. 2. cap. vii. p. 65, 66,

symptoms

symptoms in the beginning are mild and benign; yet some pain, difficulty of breathing, and excretion of sputum, are usual before the crisis.

The pleura is not only liable to inflammation and suppuration, but likewise to scirrhusity and gangrene. Terminations.

The *spurious or false* differs essentially from the true pleurisy; in it the pungent pain, which the patient feels, either in the side or in the breast, is seated near the surface, and may be considerably increased by external pressure; a tumour also sometimes appears on the affected part; inspiration and expiration are performed with little difficulty; and the cough and fever are seldom troublesome. Distinctions.

I.

Great wheezing in the breast, dejected visage, imperfect vision, with a yellowish red colour of the eyes, indicate speedy dissolution. Prognosis.

II.

Deep red or blood-like urine, inclined to a brownish colour, with or without sediment,

sediment, denotes much danger; which is increased if the deposition be black, for this shows a gangrenous tendency in the humours.

III.

If the pleuritic pain suddenly cease, and yet the difficulty of breathing and load at the breast still continue, or increase, with a low intermittent and frequent pulse, delirium will follow in about twelve hours, and death will soon after close the scene, the inflammation having terminated in gangrene.

IV.

Relapses of pleurifies are often mortal, particularly if the pain and fever, having undergone a remission on the fourteenth, both return again on the twenty-first, or any other day; but if the fever return without the pain in the side, the event is more promising.

V.

If the pain in the side move to the back, shoulder, or arm, we may look
for

for a favourable crisis, especially if it happen about the sixth day of the disorder.

VI.

A tickling cough succeeding the supposed cure of a pleurisy, with gentle heat diffused over the body towards evening, indicates a relapse, or a suppuration.

VII.

It is favourable to part with much urine, when there is little or no expectoration.

VIII.

Pleurisy often follows the cure of an ulcer in the leg.

IX.

A greenish, fetid flux of the bowels is of bad import.

X.

When inflammation of the pleura terminates in gangrene, the patient is carried off, either on the third, fifth, seventh, or twelfth day, according to the vehemence of the symptoms.

XI. A

XI.

A supervening diarrhœa in the beginning of pleurisy is a bad sign ; but gentle dejections after the violent symptoms have abated are salutary.

The indications, VIII. XII. XIII. XV. XVI. XX. XXVII. XXVIII. XXXI. and XXXIII. in peripneumonia, are equally applicable in the inflammation of the pleura.

N. B. The progress and termination of the other species of this disease are seldom or never marked with any dangerous symptoms.

C H A P. V.

INFLAMMATION OF THE MEDIASTINUM.

WHOEVER considers the uses of this membranous septum must readily see its importance to the vital functions. By its interposition, for instance, pus, water, or any other fluid, extravasated into one part of the thorax, cannot insinuate itself into the other; consequently, though inspiration and expiration may be impeded, yet they cannot be wholly suspended by such an event, taking place: indeed, were it not for the mediastinum, a puncture of the pleura in any part of the thorax would produce dangerous suffocation. The mediastinum likewise in part supports the heart pendulous, especially when the body is inclined backwards.

What we have here stated may be considered as anatomical facts; an inflammation therefore of this membranous partition ought to claim our particular attention; and that such a disease may exist

exist experience hath taught us to believe, as well as the testimony of *Avenzoar*, *Friend*, *Zacutus Lusitanus*, and some others of high authority ; the first of whom laboured under this malady himself.

Causes. It may be produced by the several causes that give birth to internal inflammation in general.

Diagnosis. Inflammation of the mediastinum begins with obtuse pain passing obliquely from the sternum through the breast to the back : to this acute fever ; great thirst ; a burning heat about the heart and lungs ; restlessness ; cough, attended sometimes with a discharge of yellow coloured sputum ; small and quick respiration ; suffocative oppression about the sternum ; and a hard full pulse succeed.

Distinctions. The disorder may be known from pleuritis (to which it is nearly allied) by the degree of heat felt in the centre of the thorax, while the pungent pain in the side, common in pleurisy, is absent : the mediastinum, though a continuation of
of

of the pleura, being less sensible of pain in inflammation than that membrane, because it is not so much distended as the pleura in dilating the thorax by respiration.

The inferences drawn in Prognos. Prognosis.
VIII. XVI. XXII. and XXX. in peripneumonia, are here applicable.

The Prognos. I. VIII. X. and XI. in pleuritis are also applicable to this disease.

Inflammation of the mediastinum commonly terminates in suppuration; in this case the event is for the most part fatal.

C H A P. VI.

P E R I C A R D I T I S,

O R

I N F L A M M A T I O N O F T H E P E R I C A R D I U M.

THIS disease is sometimes commu- Seat.
nicated to the heart itself, which
many ingenious writers have discovered
D in

in the course of their anatomical investigations, particularly *Sarazanus*, *Lower*, *Heister*, *Du Queye*, *Valsalva*, *Morgagni*, &c. Heister hath conveyed his observations in strong language: "The pericardium," says he, "was every where connected very closely to the heart, so that without laceration it could by no means be separated therefrom;" and *Lower* asserts, "that it had every where grown so closely to the heart, that it could not be separated by means of the fingers but with difficulty;" and that it was "thick, opaque, and in a manner callous." Dissections have likewise proved an extravasation of pus into the cavity of the *pericardium*, in which the heart must have floated.

Diagnosis.

This disorder appears with fever; a deep seated pain and heat in the cavity of the thorax, near the sternum, rather inclined to the left than the right side; great anxiety and oppression about the præcordia; difficulty of breathing; cough; unequal pulse; and frequent swoonings.

It

It may be removed by resolution ; or it may end in suppuration. Terminations.

The pain in pleuritis is more acute and increased by inspiration than that in pericarditis. Distinction.

Syncopes, with a small, irregular, and intermittent pulse, indicate inflammation of the heart itself, whence extreme danger. Constant palpitation also is of bad import. Prognosis.

Prognos. VIII. XVI. XXII. in *peripneumonia*, and I. VIII. X. XI. in *pleuritis*, may be judiciously consulted in pericarditis.

C H A P. VII.

P A R A P H R E N I T I S,

O R

I N F L A M M A T I O N O F T H E D I A P H R A G M.

AS the uses of this muscle are to assist both in inspiration and expiration ; to aid the necessary motions of the abdominal viscera, and the expulsion

of the excrement, the urine, the foetus in parturition, and the placenta, and to promote the secretions ; we cannot wonder that inflammation of the diaphragm should produce violent commotions in the human frame. It usually arises from the same source as inflammation of the pleura.

Causes. The attack begins with a vehement and deep seated pain in the lower part of the breast, or under the short ribs, or striking between them and the back, in the direction of the diaphragm ; this pain rendered more distressing by inspiration, coughing, sneezing, repletion of the stomach, vomiting, and compression of the belly, in discharging the fæces or urine ; acute fever attends ; the abdomen is drawn upwards, and kept as still as possible ; the respiration is extremely quick, small, and difficult, and is performed chiefly by the intercostal muscles ; the pulse is small, frequent, and often irregular ; there is great anxiety ; and the patient is sometimes troubled with sickness, hiccup, and delirium.

Hippocrates,

Hippocrates^h, Galenⁱ, and Boerhaave^k, were of opinion that a constant delirium invariably accompanied inflammation of the diaphragm, and ever considered it as a pathognomonic sign; but Morgagni^l assures us, that the diaphragm may be inflamed yet no delirium ensue.

I.

Rifus Sardoni^{us} is of very unfavourable import; so likewise are convulsions. Prognosis.

II.

Mania, and even strong emotions of the mind, are for the most part fatal indications.

III.

Should the pain suddenly cease, we may infer a gangrenous termination, especially if the pulse be weak, quick, and intermitting.

IV.

If the inflammation end in suppuration, a purulent ascites will probably be the consequence.

^h Morbor. lib. iii. cap. ix. Chart. tom. vii.

ⁱ De Locis Affectis. lib. v. cap. iv.

^k Aphorif. n. 909.
liii. n. vi.

^l Epist. vii. n. xiv. et

C H A P. VIII.

H E P A T I T I S,

O R

I N F L A M M A T I O N O F T H E L I V E R.

DOCTOR Cullen ^m mentions two kinds of this disease, the one acute, the other chronical. Celsus, also, speaking of the liver, confirms this doctrine: “æque modo longus, modo acutus esse consuevit ⁿ,” et seq.

Seat.

The first we conceive to be an affection of the external membrane of the liver, seated either on the convex or on the concave surface of that organ. It may, we apprehend, be called chronic, when the substance, or *parenchyma*, of the liver is alone diseased.

Causes.

The acute and chronical arise from the same sources; namely, the common causes of other internal inflammation, or obstruction of the hepatic ducts, or the

^m First lines, vol. i. p. 312.
viii. p. 213.

ⁿ Lib. 4. cap.

ductus

ductus communis choledochus. The disease likewise comes on sometimes at the beginning of a fever, and is more general in warm than in temperate climes. Doctor Cullen says, that "the remote causes of *hepatitis* are not always to be discerned."

The *acute* species is invariably accom- Diagnosis.
panied with much pain in the region of the right hypochondrium, extending to the shoulders, and may be increased by external pressure. If the convex side of the liver be inflamed, the pain is more pungent, resembling pleuritis; respiration becomes more difficult, and hiccup frequently attends: when the concave side is affected, the pain is not so great, but sickness and vomiting are produced, commonly by some inflammation communicated to the coats of the stomach; there are also a considerable degree of fever and thirst; a quick, strong, and hard pulse; a dry cough, though sometimes humid; and, for the most part, high coloured urine.

In the chronic the pain is obtuse and deep seated, rather than acute and superficial, yet it gradually increases and shoots to the top of the shoulder, and sometimes to the clavicle and throat, the latter symptom some writers have adopted as a pathognomonic sign; this pain is never severe, unless the membranes are affected at the same time; the fever likewise, and other tokens of general inflammation, give little trouble.

When the convex part is much enlarged, the integuments, together with the costæ nothæ, are forced beyond their proper bounds, and a prominence is visible externally; thence laborious respiration, urgent cough, with some discharge of sputum, and a small quick pulse; but if the concave side be inflamed, there will be no apparent enlargement, tension, or hardness; yet on pressing the region of the liver, a sickness, cough, hiccup, and vomiting are brought on; in this case we are assured the gall bladder, and the neighbouring ducts are principally affected.

The

The liver, like the other glandular viscera in a state of inflammation, is liable to, and may end in, a benign resolution; dangerous suppuration; scirrhi; or gangrene.

Termination.

Resolution is the most happy termination that can occur in inflammation of any part of the body; but such an issue in the disease under consideration must only be expected when the fever and other symptoms of general inflammation are mild in the beginning, and undergo a gradual diminution within the first five or six days. On the other hand, if the degree of fever be very considerable, and continue in that state after the sixth day, with some remission of pain; a pulsation in the right hypochondrium; pain in the legs; rigour; and frequent shiverings; we may conclude *suppuration* will ensue. When pus is completely formed, the pain is succeeded by a sense of weight in the affected part; and if the abscess be in the convex surface, a manifest fluctuation of the contained fluid may be felt by attentive pressure.

We

We next examine into the nature and signs of the third termination of this disease, i. e. *scirrhi*, generated by languid circulation through the gland, or an accumulation of inspissated juices obstructing its lymphatic vessels.

These tumours are commonly small in the beginning, but gradually increase; when they inflame they cause fever, and the general functions of the body suffer; these symptoms frequently disappear, and the deluded patient flatters himself with the hope of being quite recovered: the intervals of relief, however, are but of short duration, for the fever soon returns, accompanied with depraved appetite; atrophy; cough; and sometimes with hiccup. The inferences that may be drawn from the concurring symptoms are uncertain, and afford little assistance (except what results from their vehemence or benignity) in ascertaining the distance of the eventual period, some for example are carried off in a short time, while others exist, and that comfortably, even for years. The ancients we find

were partly of this opinion, and that such cases do now occur in the course of practice is well known: one instance in particular (as the most extraordinary) we will relate in addition to what Galen* hath said on the subject. A rustic in the vicinity of Hereford was seized with inflammation of the liver, in the month of October, 1773, and it terminated in a scirrhus tumour of the convex surface; from that time it has regularly increased in size, and its present magnitude is such as to resemble extreme corpulence, without giving him much trouble, or interfering with his laborious occupation.

Gangrene of this viscus lastly claims our attention. Although this termination seldom happens, yet when it does take place, the symptoms are uncommonly violent, and the event as suddenly fatal. An incipient gangrene is attended

* Plurimi autem longiori temporis spatio intereunt; nonnullos vero brevi perire vidi, quibus alvus multa deiciebat. Lib. 2. Method. Medend. ad Glauco. cap. vii. Chart. tom. x. p. 380.

with

with great debility of the animal functions; intense fever; and ardent thirst; the countenance becomes cadaverous; and the excrements are exceedingly fetid.

Distinctions.

Inflammation of the substance or membrane of the liver, should be distinguished from inflammation of the circumjacent parts, and from spasm. It is sometimes in the beginning mistaken for pleuritis; but the pain in this disease is chiefly about the true ribs, whereas in *hepatitis* it is about the false ones; and the patient can lie on the left side in pleuritis, but cannot in hepatitis, owing to the weight of the liver irritating the inflamed ligaments.

I.

Prognosis.

Convulsions and frequent hiccup are dangerous indications.

II.

An hæmorrhage from the nose, in the first stage of the disorder, gives great relief.

III. Bloody

III.

Bloody ^p dejections (in moderate quantity) are of favourable import.

IV.

If the excrement be white, frothy, or of a pale clay colour, the passage of the bile into the *duodenum* is prevented, whence bad consequences ensue.

V.

An hæmorrhage from the hæmorrhoidal vessels is beneficial.

VI.

A bilious diarrhœa is a propitious sign; so likewise is a plentiful discharge of such urine as deposits a copious sediment.

VII.

In suppuration, if the abscess pour forth pus into the cavity of the abdomen, the event will be fatal.

^p Quibus dolores hypochondriorum, cardiæ, *hepatis*, partium circa umbilicum, excreto sanguine (per alvum dejecto forte) servantur. Hippocrat. Coac. Prænotationes. n. 196. Chart. tom. viii. p. 868.

But again, in another place we meet with this passage in the writings of that great author, "Sanguinem splendidum dejicere, malum est, tum alias, tum si quis dolor adfuerit."

Prognos.

Prognos. XVI. XXII. XXV. XXVII.
and XXX. in the peripneumonia, have
occasionally reference to the hepatitis.

C H A P. IX.

G A S T R I T I S,

O R

I N F L A M M A T I O N O F T H E S T O M A C H .

DOCTOR Cullen distinguishes two
species of this disease:

1. Gastritis phlegmonodea.
2. Gastritis erysipelatoſa.

Seat.

The first may be ſeated in the nervous coat, or in the peritonæum inveſting it; the other always attacks “the villous coat and cellular texture immediately ſubjacent.”

Causes.

Inflammation of the ſtomach often ariſes from external cauſes in various ways; or from inflammation of ſome of the circumjacent parts communicated to the ſtomach, when it is a ſymptomatic affection.

affection. It may likewise proceed from acrimony generated in the stomach, or in parts capable of emptying themselves into that viscus. The stomach may also be sympathetically affected, as in the case of putrid miasma, or the premature retrocession of cuticular exanthemata.

The phlegmonous inflammation, or Diagnosis.
what has been usually considered under the term of Gastritis, is known by a vehement burning and fixed pain in some part of the region of the stomach, attended with tension; acute continual fever; great thirst; extreme anxiety; watchfulness; coldness of the extremities; difficult respiration; hard, quick, and unequal pulse; frequent vomiting, especially when sustenance of any kind has been taken by the mouth. The last is considered almost as a pathognomonic sign, if accompanied with a sudden prostration of strength in all the functions. Inflammation of the stomach may terminate by resolution, gangrene, or suppuration; but scirrhoties of this viscus

cus are seldom known to be the consequences of inflammation.

The event of this disease by resolution may be ascertained by the mildness of the cause, the moderation of the symptoms, and a gradual remission of them within fourteen days. On the other hand, an incipient gangrene may be suspected when the violent symptoms do not give way in the beginning or early stage of the disorder; especially if the pain suddenly recede, while the pulse remains frequent, weak, and irregular.

In suppuration the symptoms continue in a moderate degree, with little pain, perhaps for fourteen days; yet a sense of weight; anxiety; frequent shiverings; night sweats; and other symptoms of absorption, still distress the patient.

The *gastritis erysipelatoſa* occurs more frequent than that of the phlegmonous kind, and sometimes appears without either fever, pain, or vomiting; but at other times it comes on with pain in the stomach; depraved appetite; thirst; quick pulse; anxiety; and frequent vomiting.

miting. As these symptoms increase, the inflammation spreads into the œsophagus, and is visible in the pharynx, occupying the whole internal surface of the mouth: again this inflammation sometimes takes an opposite rout, visiting the whole of the intestinal canal, whence follows diarrhœa.

I.

A purulent discharge of pus inter-
mixed with blood, both by the mouth
and by the anus, indicates a rupture of
the abscess into the cavity of the sto-
mach, and the patient may recover; but
if the coats of the stomach be thoroughly
eroded an incessant hæmorrhage comes
on, and death will be the inevitable con-
sequence.

Prognosis.

II.

Delirium, singultus, or convulsions,
are of the most dangerous import.

III.

A weak, intermittent pulse; partial
sweats; swoonings; and coldness of the
extreme parts, are harbingers of death.

C H A P. X.

ENTERITIS,

OR

INFLAMMATION OF THE INTESTINES.

DOCTOR Cullen distinguishes two species of this disease likewise:

1. Enteritis phlegmonodea.
2. Enteritis erysipelatoſa.

Seat.

The coats of the inteſtines.

Causes.

External cold; indurated fæces; foreign bodies lodged in the inteſtines; introſuſceptions; acrid ſtimulants; hernias; wounds; &c.

Diagnosis.

Inflammation of the inteſtines is known by a ſhivering; a pungent heat and pain in the belly, occupying different parts according to the inteſtine affected, but fixed to the place where it firſt aroſe, ſometimes increaſing a little, and then remitting; the whole abdomen being uſually troubled at once with tenſion, ſpaſmodic pains, and flatulencies, extending to the back, with external ſoreneſs
in

in the *regio umbilicalis*; acute continual fever; ardent thirst; dry tongue; a small, hard, frequent pulse; sudden prostration of strength; strong contractions of the abdominal muscles, and *sphincter ani*, as well as of the muscular fibres of the inflamed part, so that nothing can pass off; sickness; violent retchings; vomiting; eructations; anxiety, and restlessness; quick respiration; flushed face; and the urine often pale, though sometimes high coloured, and discharged with heat and difficulty.

With respect to *enteritis erysipelatoſa*, we refer the reader to what has been already said in gastritis erysipelatoſa, in the preceding chapter.

Inflammation of the intestines frequently terminates in gangrene, mortification, and scirrhi; sometimes also in suppuration, but this event is chiefly confined to the larger guts. Such seems to have been the opinion of Celsus in the following passage: “ Iter ipsa vero intestina consistunt duo morbi: quorum alter in tenuiore, alter in pleniore est.

Terminations.

Prior acutus est: insequens esse longus potest¹.”

Distinc-
tions.

This disease should be distinguished from the stone in the kidneys, or in the ureters; from inflammation of the kidneys, or other of the abdominal *viscera*; from spasmodic pains and obstructions in the intestines unattended with inflammation. The colic and hæmorrhoids have different symptoms, and require different treatment.

I.

Prognosis. Excrementitious or fæcal vomitings denote an inversion of the peristaltic motion, and are fatal indications.

II.

An obstinate constipation of the bowels arising from inflammation, accompanied with exquisite pain, is often succeeded by a discharge of flatus; liquid dejections; and a cessation of that pain; in this case the diseased parts become gangrenous, and death relieves the miserable patient in a few hours.

¹ Lib. iv. cap. xiii. p. 221.

III. If

III.

If the vomiting be truly bilious, fetid, or black, fatal consequences will probably ensue.

IV.

Coldness of the extremities, with or without rigor, succeeding a very acute pain of the bowels, indicates mortification; and that this observation did not escape the great Hippocrates, we know by the following sentence, "*A dolore vehementi partium circa ventrem extremorum refrigeratio malum.*"

V.

A pallid countenance, livid eye lids, and pointed nose, are fore-runners of death.

VI.

A weak, quick, and irregular pulse is of bad import.

VII.

Delirium, convulsions, and hiccup, frequently precede death.

VIII.

If the pain shift from one place to another, and the vomiting return only at

E 3 intervals,

intervals, alvine evacuations afford hopes of relief.

C H A P. XI.

NEPHRITIS,

O R

INFLAMMATION OF THE KIDNEYS.

Causæ.

THE usual causes are such as produce internal inflammation in general; injury by contusion; extraneous bodies, as calculous matter, or calculi, either in the tubuli uriniferi, or in the pelvis of the kidneys; tumour; retention of urine; various excesses, and acrids; spasmodic contraction; &c.

Diagnosis.

Inflammation of these viscera produces fever, and pain, either pungent or obtuse, with heat in the region of the kidneys, often shooting down by the ureters to the bladder, and by the spermatic cord to the testes; the urine is for the most part
red

red in the beginning, but soon changes to a pale colour, and is discharged with difficulty, pain, heat, and in small quantities; there is torpor in the thigh and leg of the side affected, which becomes painful upon standing, walking, or moving the body in almost any direction; yet this pain is not so acute as the lumbago; the pulse is hard and frequent; sickness, bilious ejections, and costiveness generally attend.

The case of calculi in the kidney may discover itself by pain, sometimes severe, in the scrobiculus cordis^r.

Celsus, relating the symptoms that mark and attend certain disorders, hath conveyed his opinion in these words: “*Dolent autem coxæ, quæque inter has superque pubem sunt, et accedunt frequentes ructus, interdum vomitus biliosus, extremæque partes frigescunt, urinæ crebra cupiditas, sed magna difficultas est, et quod inde excretum est, aquæ simile, vel rufum, vel pallidum est, paulum tamen in eo levamenti est, alvus vero*

^r Morgagni, epist. xlii. n. 13 and 14.

cum multo spiritu redditur, utique in renibus vitium est^s.”

Terminations.

The several progressive stages and events of this disease may be clearly ascertained from what has been already delivered on the subject of other internal inflammations.

Distinctions.

Inflammation of the kidney should be distinguished from the gravel; from a stone in the ureter; and from inflammation of the psoas muscle, and the neighbouring parts: likewise from flatulency, colic, and spasm.

I.

Pregnoſis.

An hæmorrhage from the hæmorrhoidal veſſels^t, is of benign import.

II.

A ſpontaneous dripping of blood from the noſtrils, is a dangerous indication.

III.

Thin, pellucid urine, is conſidered as an inauſpicious ſign.

^s Lib. II. cap. vii. p. 60 et 61.

^t Melancholicis et nephriticis ſuccedentes hæmorrhoides bonum. Hippocr. Aphoriſ. xi. ſect. vi.

IV.

A free and copious flux of turbid urine before the seventh, or at farthest the fourteenth day of the attack, denotes a favourable solution.

V.

A discharge of pus by the rectum may imply a corrosion of the colon by the inflamed kidney. This mode of evacuation is rare, but its good effect we have observed in two hopeless cases.

VI.

Fainting, delirium, convulsions, or coldness of the extreme parts, portends great danger.

VII.

Urine that is livid, black, foul, and fetid, with a sudden and general prostration of strength, indicates gangrene.

VIII.

Frequent hiccups afford little hopes of relief.

Prognos. VIII. XXII. XXV. XXVII. XXIX. and XXX. in peripneumonia, may be properly referred to in the advanced stages of nephritis.

C H A P. XII.

CYSTITIS,

O R

INFLAMMATION OF THE URINARY BLADDER.

Seat.

WHEN inflammation proceeds from a stone in the bladder, the interior coat or mucous membrane is principally affected; but if it be produced by the general causes of internal inflammation, external injury, or strictures on the urethra, the exterior coats are commonly the seat of the disease.

Diagnosis.

Inflammation of the bladder discovers itself by an acute, deep seated heat and pain about the region of the pubes and perinæum, and sometimes in the rectum, which invariably feels distended, and oppressed with excrement; if indurated fæces be actually contained, their expulsion is attended with a considerable degree of pungent pain; pyrexia, thirst, anxiety, and restlessness, come on; the pulse is hard and frequent, but as the disease advances,

vances, and the extremities become cold, it sinks and is irregular.

If the neck alone be inflamed, a retention of urine is produced, accompanied with an urgent stimulus to its discharge; if the fundus be affected, a constant inclination and dribbling, with strong efforts to part with a larger quantity than the bladder may be supposed to contain.

This disease may go off by *resolution*, by an increased secretion of mucus from the internal membrane, or by a metastasis. It may also terminate in suppuration. In this case, if the matter be evacuated into the cavity of the bladder, it may pass off with the urine; if it enter the cellular membrane, it may be discharged externally through the perinæum, and there form an ulcer difficult of cure; but if the abscess open into the cavity of the abdomen, the event will be fatal. The patient is likewise sometimes destroyed by gangrene.

Terminations.

Inflammation of the bladder should be distinguished from spasm; from inflammation

Distinctions.

mation of the adjacent parts; from scirrhi of the glandula prostatica; and from that retention of urine which arises from other causes.

I.

Prognosis.

A copious evacuation of turbid urine, is a propitious sign.

II.

Sickness, vomiting, and hiccup, are unfavourable indications.

III.

Delirium and convulsions precede death.

IV.

Furfuraceous urine, or such as abounds with dark suspended clouds, denotes great danger.

V.

Inflammation of the bladder for the most part proves fatal, either on the fourth or seventh day.

C H A P. XIII.

HYSTERITIS,

OR

INFLAMMATION OF THE UTERUS.

IT may be produced by the usual causes Causes.
 of internal inflammation; external
 injury; external and internal stimuli;
 and obstructed menstrua. The inflam-
 mation which comes on after abortion,
 and that consequent to child-birth, when
 the lochia happens to be retained, have
 symptoms in common with each other,
 different from those arising from other
 causes.

This disease, in the first instance, ap- Diagnosis.
 pears with constant, fixed, and throbbing
 pain in the lower belly and loins; toge-
 ther with great heat in the groins, and
 some difficulty in moving the thighs and
 legs; inflation and tension of the abdo-
 men; strangury; tenesmus; cardialgia;
 acute fever; coldness of the extremities;
 and a hard, full, and strong pulse. These
 several

several symptoms occasionally attend, and point out what part of the uterus is affected ; for example, if the whole be inflamed, the continued fixed pain, and (if we may be allowed the expression) pulsatory motion become general in the region of the pubes ; if the back part be the seat of the attack, costiveness, from compression of the rectum, and pain in the loins ensue ; if the fore part be inflamed, the pain is felt between the navel and pudenda, and strangury is produced ; if the sides be diseased, distention of the groins follows, with a kind of immobility in the legs ; if the fundus be affected, the pain is chiefly about the navel, and there is a swelling of the abdomen.

On the other hand, when inflammation seizes the uterus after abortion, or delivery, the abdomen is unusually distended, and the pulse frequent, and sometimes small and irregular. In this case the pain is seldom, if ever, so acute, constant, or throbbing, as that we have just described. Hippocrates, enumerat-
ing

ing the symptoms that attend this disorder, amongst other signs says, "Ex ventre vero incendium nunquam definit, fitit, et coxendices dolent, imus venter vehementer intumescit, et alvus turbatur; dejectio mala est, graveolens^u."

Inflammation of the uterus may terminate by resolution, suppuration, metastasis, scirrhus, or gangrene: a scirrhus tumour often degenerates into cancer.

Terminations.

I.

A spontaneous eruption of the catamenia, or of the lochia, may put an happy period to the disease.

Prognosis.

II.

Induration of the uterus^x, accompanied with pain, is very dangerous.

III.

Suppuration is more rare after abortion, or child-birth, than when inflammation arises from other causes.

IV.

Delirium and convulsions are fatal indications, so likewise are faintings, hiccup, and subsultus tendinum.

^u De Mulier. Morbor. lib. i. cap. 54, 55, 56.

^x Coac. Prænotat. n. 528. Chart. tom. viii.

V. In-

V.

Inflammation of an impregnated uterus is succeeded by abortion.

VI.

A gentle, uniform, and long-continued sweat, after child-birth or abortion, gives great relief.

VII.

Inflammation of the uterus, in delicate constitutions, after child-birth, unattended with hardness, but with great frequency of the pulse, is generally fatal.

VIII.

Slight inflammations of the uterus terminate at an early period; others again have their critical days on the seventh, ninth, or the eleventh.

END OF PART THE FIRST.



